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PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999 09/575899												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY OTHER TH				
FOR			NUMBER FILED		NUMBER	NUMBER EXTRA		TE	FEE		RATE	FEE
BASIC FEE									345.00	OR		690.00
TOTAL CLAIMS			1	minus 2	0= •	•		9=		OR	X\$18=	
INDEPENDENT CLAIMS) minus 3	3=: 4	. 4		9=		OR	X78=	312
MULTIPLE DEPENDENT CLAIM PRESENT											.000	- '
* If the difference in column 1 is less than zero, enter "0" in column 2								+130=		OR	+260=	1 . 0
								TAL		OR	TOTAL	100,5
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								ALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A		REN	AIMS MAINING FTER NOMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI: TIONAL FEE
<u>M</u>	Total	• :/	3	Minus	14	=	X\$	9=	_	OR	X\$18=	
ME	Independent	•	<u> </u>	Minus	7	=	X3	9=		OR	X78=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT							+130			OR	+260=	
								OTAL	3	OR	TOTAL ADDIT. FEE	
	(Column 1) (Column 2) (Column 3)							. FEL		•		
AMENDMENT B		RE	LAIMS MAINING AFTER ENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	R/	ΝΤĘ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total			Minus	**	=	XS	9=		OR	X\$18=	
	Independent	·		Minus	***	=	X39			OR	X78=	
F	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							30=		OR	+260=	
(Column 1) (Column 2) (Column 3)								OTAL		OR	TOTAL ADDIT, FEE	
								r. FEE			AUDII, FEE	·
	- Table		LAIMS		HIGHEST				ADDI-			ADDI-
AMENDMENT C			MAINING AFTER ENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	R/	TE	TIONAL FEE		RATE	TIONAL FEE
	Total	` •		Minus	**	=	· XS	9= ·		OR	X\$18=	
	Independent	•		Minus	***	=	X	39=		OR	X78=	
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								 	1		1
* If the cortor in column 1 is loss than the entry in column 2 write "0" in column 3										OR	+260=	<u> </u>
"If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL ADDIT. FEE												
	The Highest Nu	mber P	reviously Pa	aid For (Total o	or Independent) is t	he highest numb	ar found ir	the a	ppropriate bo	x in co	olumn 1.	

FORM PTO-675 (Rev. 12/99)

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Application or Docket Number